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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., OCTOBER, 1922 NO. 10

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National Memorial Committee of the C.N.A.T.N.

Report of the monthly meeting of the National Memorial Committee held September 9th, 1922.

A letter from the Secretary of the C.N.A.T.N. gave the following resolutions passed at the Annual Meeting:

(a) That the action of the last Annual Meeting be endorsed, and that the matter of the form which the memorial is to take shall not be re-opened for discussion;

(b) That since sculptors submittinng designs will all first have been notified of the Government requirements, all designs received, therefore, shall be submitted to the Provincial Committees, and the selection of the design shall be governed by the reports from such

committees; the final work leading to the completion of the memorial to be left in the hands of the Memorial Committee in consultation with the Executive Committee;

(c) That in the selection of the design, the voting strength of each Provincial Committee shall be estimated according to the Provincial Association's numerical strength in the National, upon which basis the share of each Province in the financial objective was allocated;

(d) That names of individual subscribers to the Memorial Fund shall not be published;

(e) That an earnest effort shall be made to have all funds in the hands of the Treasurer of the National Committee by December 31st, 1922.

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Serious discussion took place over the very short time which is left for the raising of the greater part of our fund. The National Committee is most anxious to assist the Provincial Committees, but too far away to take counsel with them personally, except in the case of Ontario. It was, however, decided to ask the Ontario Committee to meet with the National and to plan together for the autumn campaign. It was further

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(Signed) E. K. RUSSELL,
Secretary.

A Few Facts about Vitamines

The available information about vitamines has assumed such bulk, and is yet subject to so much addition or change, that a few concise statements as to their relation to diet for health will, I hope, be pleasing to the readers of the *Canadian Nurse*.

Doubtless you are all more or less familiar with their history, from the discovery in 1911 of one vitamine group, by Casimir Funk, to the present accepted family of "A", "B" and "C" and the probable "D" and "E" vitamines. (It has recently been suggested that the termination "ine" is a probable chemical misnomer—that vitamini is correct. To avoid confusion, I will use the original "ine" in this article).

First—as to the functions and sources of the "A", "B" and "C" vitamines:

The "A" group are essential to growth. They are found in milk, butter, egg yolk fat, green leaves of plants used as salads, cabbage, lettuce, carrots, spinach. In the germ of cereals, i.e., whole cereals, as cracked wheat, cooking seems to have little effect upon them.

The "B" group are essential to growth, are anti-neuritic. Their absence causes poly neuritis, and their presence stimulates the digestive glands. They are found in yeast, the seeds of plants, peas, beans, cereals, eggs and milk. Meat contains relatively little of this group, but glandular organs, as liver and pancreas, are rich in "B" vitamines. They are also found in oranges, tomatoes, lemons, apples, potatoes, carrots turnips, cheese. Cooking seems to have little effect on this group, if the temperature does not go above boiling or if the water is not alkaline.

The "C" group are known as anti-scorbutic. They are found in vegetables—cabbage, turnips, lettuce, watercress, lemons, oranges, raspberries, tomatoes. They are very susceptible to heat and drying. (The vitamines in tomatoes and potatoes resist heat better than those found in any other vegetables, hence the very popular use of canned tomatoes as an orange juice substitute.)

Second — As to the utilization of vitamines in diet: (1) in infant nutrition; (2) in adult diets.

The limited character of infants' diet makes consideration of its vitamine content more important than that of the adult with its wider choice.

We must have a liberal supply of the three, "A", "B" and "C" vitamines. Milk has been classed as an adequate food, but we must now reconsider our views in the light of recent research.

The vitamine content of cow's or human milk depends upon the food eaten by the producer. Vitamine rich milk is produced by a vitamine rich diet. The milk of cows in late winter, where the fodder is almost entirely dried hay, etc., contains almost no vitamines. Many old wives' prejudices as to the diet of nursing mothers are injurious and false, i.e., that green vegetables should be taboo to nursing mothers. Breast-fed babies thrive better when the mother is allowed a generous mixed diet.

Pasteurization eliminates the anti-scorbutic factor—the "C" group. —but is universal and wise. Witness the decrease in infant mortality since its common practice. We can meet this "C" vitamine deficiency by the judicious use of oil, orange or tomato juice, which are tolerated early in the life of the infant. Pasteurization does not effect the "A" and "B" vitamines, but their variability in milk indicates that it may be necessary to supplement them in the diet. Cereals are a good substitute, but vary; of the cereals, whole wheat or "cracked wheat" is the best; but before that tolerance has been reached, vegetable juice, carrots or spinach are valuable supplements.

A word as to the prepared milk substitutes: Their use must be re-examined in the light of vitamine discoveries. Milk powders, canned milk, etc., are clean and safe, but can we longer consider them sufficient in themselves?

As children grow up, a wider choice of dietaries decreases the danger of vitamine deficiency. Here our slogan must be, "educate." Children are quick and eager to choose vitamine articles of food once they learn about the "mysterious helpers."

Rickets is caused by a deficiency of the vitamine "A". Cod liver oil, rich in "A", has a remarkable value as a supplementary food.

There is too great tendency among adults to confine their diet to meat, potatoes, creals—by cereals I mean bread, cake, farinaceous puddings, as well as porridge.

The use of salads in the diet is not a foreign affection but a sensible adjunct to meals. Too little attention is paid to the use of eggs, cheese and milk. If salads are distasteful, cooked green vegetables may be used to decided advantage.

The use of yeast cakes as food has a sound basis. They are rich in "B" vitamines, their proteins are of a good quality, and they contain no

poisonous ingredients. Many people are reporting beneficial results from their use. Can we draw any lesson?

May I quote Dr. Eddy, to whose "vitamine manual" I am indebted for my most recent information on this subject, "whether it is necessary to use yeast cakes or any other form of vitamine depends entirely upon whether the ordinary diet is lacking in these factors, and my first advice in the matter would be to make, if possible, a selection of the vitamine containing foods and see if normal conditions did not result before using foods whose taste is not pleasing or which are taken as medicine."

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ESTHER L. KINNEY, Dietitian.

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BY RUBY I. KINGSWOOD.

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"Was up on this flat, so thought I'd drop in for a moment."

"All right, Dot, come in."

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photographs. Dear knows, hospital training is hard enough at times, and I fancy a few portieres and fussy things wouldn't hurt us very much after coming off duty."

"Microbes, my dear! Microbes!" came a voice from the doorway. "You know that would never do—especially in the eyes of His Honor, Horatius G. Mooney, Superintendent of this Hospital."

Dot and Barbara looked up to see the second inmate of the room, and owner of the aforesaid motto, standing with arms akimbo and a quizzical expressiion on her face.

"I say, Babs", unceremoniously continued the intruder, "have you seen the latest bulletin on the board downstairs?"

"No! What are the changes this month?"

"Miss Margaret McLean and Mrs. Doran, "E" and "F" wards, night duty—".

"What! Do you mean it?" cried Barbara as she sat upright on the side of the bed. "O Belle, you're fooling!"

"No, I'm not. Cross my heart."

"Ye wooden gods!" drolled Dot, piously dropping to her knees and clasping her hands. "One month of long night duty with a partner having as much animation as a stick."

"Well," announced Barbara after a moment's thought, "a 'orsbital is a 'orsbital and we can't change hits laws, as orderly 'Enry says. But serious Belle, what is it that makes Kate Doran disliked by the rest of us, nurses? She never does us any harm, and really she is not bad looking. Red curly hair ought to be popular—".

"If it didn't denote a hot temper, and if she didn't draw it so tight off her ears," commented Dot.

"And the silly little thing closes up like a clam when any of us attempt to be confidential," added Belle. "Why even my Noblesse Oblige attitude has been rudely snubbed at times."

"Strange she never comes to any of our social tete-a-tetes," said Barbara, thoughtfully. "I wonder if her life has been saddened by some past experience. Now that I stop to think of it there may be something in it. Odd we have never thought of it before. She's a widow, is she not?"

"Widow, or no widow, I do sympathize with you Babs," said Dot. "Never mind," she added reassuringly, "I'll give you a prescription." And taking a sheet of paper from the table she dictated aloud. "Mix a grain of Ora et Labora and sugar coat it with a teaspoonful of Noblesse Oblige, and give her one pill a day, and—"

"O Dot have sense—"

"Look girls what's coming up the hill," broke in Belle as she strode over to the window. "Accident of some kind!"

The others hastened to her side, and the three stood silent as an auto stopped with a jerk at the main entrance. Quickly a stretcher was brought, and a man laid carefully upon it, while another with bandaged head followed the procession into the hospital building.

"I see where somebody is going to have a busy time of it to-day," commented Barbara. "I wonder whose luck it will be?"

An hour later, as Barbara entered the main building to resume duties, she encountered Henry, the orderly.

"Good afternoon, Henry! By the way, what's wrong with the accident patient brought in this afternoon?"

"A hauto haccident, Miss. A Mr. Clayton: fractured leg and harm. 'Es off his 'ead at present, Miss."

"In what ward was he placed?"

"Right 'ere, Miss, room seven; in charge of Mistress Doran."

"Very well, Henry, thanks."

Barbara pursued her way along the corridor, when, on passing room seven, she was arrested by the sounds of wild chatter intermingled with soft low tones of command. The screen was slightly ajar. Barbara stood for a moment watching nurse Doran as she administered a sedative, then with finger-tips on her patient's pulse, stood motionless watching every movement. The usual look of indifference which characterized her had gone, and Barbara noticed that the small regular features were lit up with a new light of sympathy which she had never noticed before.

"I wonder," thought Barbara as she walked on, "If we have misjudged her. None of us have ever taken enough interest to really know. I believe there may be something in what that cynical Dot said. I believe I'll try the prescription anyway. What's the good of our mottoes if we don't intend to live up to them.

Chapter II.

The left wing of the Victorian hospital boasted of its scientifically planned maternity wards. A broad corridor separated the nursery from the main and private wards, while at the extreme end an operating room was fitted up for none but such cases. Two large doors led to the nursery: one from the corridor connected with the main building, the other from the corridor of the left wing. Between the two was an alcove fitted with desk and chair, where the nurses marked their charts.

One week had passed since Barbara McLean and Mrs. Doran had been coupled together on night duty, but it was a busy week, and the two young women had had little time for disagreeing or otherwise. Mere professional courtesies had passed between them, and when relieved from duty, both were glad to escape to the quiet of their own rooms.

The first night of the second week, however, saw the left wing in perfect quiet. All was in darkness save for a dim light in the nursery and the low shaded light over the desk in the alcove.

Barbara McLean had passed quietly up the corridor, stopping at each door to listen for any need, then, seating herself at the desk, employed herself over a chart. The heavy glass door of the nursery was swung back against the dark wall, mirroring part of the interior of the room. Suddenly, a faint pathetic wail was heard, and Barbara, looking up, noticed the mirrored reflection of Nurse Doran as she stooped over the bassinet where a little soul was fighting odd chances for life.

Barbara tapped her pencil softly. "Strange," she thought, "how even the infants fight for life, and after all is said and done, what has life to offer—a struggle, a pang—and yet there is something glorious about it too." And softly she repeated to herself the words:

"I'm glad I live. If just to know the joy
Of conquering self and sin, means all of life,
Then give me life, that I might but employ
My days and hours in one great glorious strife."

Rising, she noticed that Nurse Doran held the now quiet form in her arms, and was weeping over it. "I guess the little life has gone out," thought Barbara. "It will be hard on the poor Mother when she wakens."

With these thoughts, she made her way to the diet kitchen, and busied herself with various duties. But on her return half an hour later, she stood dumbfounded to see Nurse Doran still clenching the baby to her breast in heart-breaking agony.

"I guess I was right after all," muttered Barbara. "We certainly have misjudged that girl, for her life holds some tragedy, and Barbara McLean is the one who is going to find it out. But that can't go on. If the super. comes along there'll be something to pay."

She took a few strides back and forth in deep thought. "Best way, I suppose, would be to get the little coleen's temper up and make her forget herself." Then holding her head erect, she strode into the nursery.

"Kate Doran," she ordered, "you make me tired wasting so much time over a youngster that will die before morning anyway. Don't you know it's near the diet hour?"

"When you become a super. I'll take orders from you, and not before," came the quick retort. "The baby is dead," she continued, "and if you think yourself so clever, you may as well use some of your surplus energy in laying the body out." With these stinging words she put the child in its bassinet and walked out indignantly.

"You'd better cool that head of yours and go and report it to the super.," called Barbara in an undertone; then with a sigh and heart-ache, she picked up the little form and prepared it for its last resting place.

With the morning hours the left wing took on a different aspect. Everything bristled with activity. Nurses in fresh uniforms went crisply about their duties, brightly exchanging bits of comment as they passed each other. Patients in the main ward gossiped together of their welfare; doctors in white duck uniforms passed in and out of the operating room; while the voice of Henry the orderly was heard in high pitched vexation as he instructed a novice in the art of polishing the floors. "I say 'Arry, cawn't you do a bit better than that? This 'ere 'orsbital is paying you for polishing of the floors, not a dustin' of 'em."

Presently the door of one of the private wards which held a small placard, "Do not disturb," opened, and nurses McLean and Doran stepped out and closed the door behind them.

"How does the patient seem now?" asked the supervisor, as she stepped briskly up to them.

"She is resting nicely," answered Barbara. "The death of baby was quite a shock to her. Her husband is with her at present."

"Very well," said the supervisor kindly. "I guess you girls are ready for rest. I ordered breakfast to be kept an hour later for you. You will find it waiting in the small dining room."

Without speaking, the two girls found their way to the cosy dining room of the superintendent nurses. The early spring sunshine smiled warmly on them through the large bay windows, while the hot tea brought back renewed energy to their tired minds.

"This treat is almost worth the extra hour's work, isn't it?" commented Barbara. "Looks like a grand day out. How would it do if we were both to take a hike back of the hill after sleeping hours?"

"It would be very nice, but I'm afraid I cannot go this afternoon," replied Kate, rather stiffly. "To-morrow's exam. is obstetrics you know, and I'm afraid I'll have to study. Any of the other girls will go with you, I'm sure."

"O bosh with the other girls, Kate, I asked you and I want you. Look here, why can't we both take our books along and study as we go?"

"Very well, if you really want me." And Barbara was quick to notice the flush of pleasure that passed over her face.

At the hour of four, a small-featured, red-haired young woman, in a plain tailored suit and hat, frankly surveyed herself in the mirror of her bedroom. "Kate Doran," she said to the reflection, "you're a little fool to start being chummy with the popular girls of the hospital. You know you can't keep up with it. Your suit is looking shabby now, and it still has to last a year and a-half; and shabby suit with red hair will only bring woe and not pleasure."

"O well, go for once," replied the reflection. "You know Mickey always told you you were pretty."

"Ah yes, but I've changed since then. Nobody cares what I look like now—no, there is not one soul who actually cares." Then, hesitating she whispered, "I believe I'll do my hair like I used when Mickey was here." And impulsively removing her hat, she caught the red masses in a loose coil at the back of her head, while soft waves fell becomingly over the ears and forehead. She had just put in the last hair pin when a tap sounded on the door.

"Come in!"

The door opened, and Barbara McLean stood astonished at the transformation. "Kate Doran," she exclaimed, how beautiful your hair looks! I never noticed it so pretty before."

"I guess it is because my cap covers it," answered Kate rather confusedly, as she pinned her hat on.

The two girls then left the building chatting gaily together, while from the third story window Dot Lee looked down in amazement. Grabbing the arm of a passing nurse, who happened to be none other than Belle DeLacour, she pulled her to the window. "Look who's out walking together. If that wouldn't beat— I guess she must be trying my prescription after all." And so saying she burst into a peal of laughter.

"Nothing so very funny as I can see," answered Belle impatiently. I guess, if we took the trouble to find out, Kate Doran is as good as any of the rest of us."

(To be continued.)

THE PASSING

We say—"Time passes"—
It is we who pass,
Along the vast, vast
Screen—Eternity.

There is no time—but
As our shadows fade,
So do the scarlet
Wounds—sad grief has made.

And as our shadows
Dim—the pain and joys,
Fall from us—as a
Child throws down his toys.

The present state of
Life—a seer can see—
Is but a passing
To the things—to be.

—*Mary Du Dewey*

The Child Welfare Act, 1922

The Child Welfare Act of Manitoba became law at the close of the session of 1922 after a somewhat stormy and perilous voyage. It does not embody any very new or startling legislation, but is designed rather to correct both the overlapping and uncovered territory which resulted from the several existing Acts and their administration through several departments. As may be expected, the Act does not go far enough to satisfy some elements, and is too radical to suit others, but at the same time it is characterized by a spirit of fair play, and the few alterations that have been made in the existing law are of such far-reaching importance that they alone justify its existence and should win for those who gave so much time, thought and labor to its preparation the hearty appreciation of the womanhood of Manitoba.

The Act is the tangible result of a Commission appointed in 1917 to report on conditions of Child Life in the Province, which Commission was composed of such representative citizens as Mrs. Copeland, Mrs. Halpenny, Mrs. Clements, H. J. Symington, T. H. Johnston, D. B. Harkness, Dr. Mathers, Miss Ethel Johns, R.N., W. J. Fulton, J. M. Thompson and Robert Forke. The Commission, after a careful study of provincial conditions and a detailed survey of advanced legislation on the subject in other countries, notably the United States, Norway and Sweden and Great Britain, recommended a consolidation of the existing laws so far as the province had jurisdiction, and the creation of a Department of Public Welfare. Accordingly, the Children's Act, the Infants' Act and the Illegitimate Children's Act are repealed, leaving the written legislation affecting children in general consolidated in the Child Welfare Act and the Juvenile Delinquents' Act (Dom.).

The first of the eleven parts comprising the Act deals with the creation of a Department of Public Welfare presided over by a Minister of Public Welfare. To assist him there shall be a Director and such staff as will be appointed by the Lieutenant-Governor-in-Council. The duties of this Department are set forth in detail, but in general may be summed up as follows: (1) The dissemination of knowledge of care of children through Children's Aid Societies and Child Welfare Commissions throughout the province; (2) the supervision of all children placed in foster homes throughout the province, either as wards of the province committed by a judge or brought into the province for settlement by charitable organizations.

The head office of the organization is to be in Winnipeg, and is to include a "receiving home" into which may be received any children who come within the jurisdiction of this Act. A psychiatrist and a board of not less than five or more than seven are to be appointed to study the needs of the cases so received and to make recommendations to the

Minister with regard to institutions, custody, education and care of such children. Of the board only the psychiatrist is to receive remuneration.

Part 2 deals with juvenile courts. Adequate provision in this regard has already been made by the Juvenile Delinquents' Act of the Dominion Statutes, 1908, by which any child who has been guilty of a breach of any Dominion or Provincial statute may be tried in juvenile courts where the procedure is better suited to the needs of children than that of the ordinary courts. The Child Welfare Act therefore passes over this phase of the subject very briefly, merely providing for the appointment of deputies and the establishment of a detention home.

Part 3 is directed to neglected children and was a question which brought forth a great deal of discussion. What constitutes "a neglected child"? The answer is found in some seventeen sections which, in general, include any child who has been abandoned or is being neglected, as evidenced by being found begging or associating with disreputable persons, or who being under the age of twelve years is found employed between the hours of 10 p.m. and 6 a.m. Such child shall be apprehended without a warrant by any police officer or person acting under the authority of the Child Welfare Department, and placed in the receiving home for proper consideration. The executive shall then immediately notify the parents and bring the child before a judge for investigation of the case within two days. If the judge finds that the child is a neglected child within the meaning of the Act, he may order the child placed under the care of the Department or in an Industrial School.

Part 4 deals with children whose parents have not been legally married, and is in general a re-enactment of the Illegitimate Children's Act. It provides that if an unmarried woman is pregnant and her child is likely to be born while she is unmarried, she may lay an information before a magistrate setting out the facts and giving the name of the alleged father. The alleged father may then be brought before the magistrate and required to give a bond. If the bond is not forthcoming, he may be committed to gaol pending trial until such time as the child is born. As soon as convenient after birth of the child, the father and mother shall be brought before a magistrate for hearing of the evidence. If the accused is adjudged to be the father of the child, the magistrate may order him to pay (*a*) the hospital expenses of the mother and (*b*) the funeral expenses of the child if it has died or (*c*), if living, maintenance in accordance with the means of the father. This latter clause is a marked improvement on the former law, by which the father could free himself from all responsibility by payment of a lump sum of approximately $400 without regard for his means.

Part 4 further provides that no such order shall be made against an accused unless the mother's evidence be corroborated. If no order is made against the father, he shall be entitled to his costs of defence against the person who laid the charge, thus recognizing the fact, whether we

like to admit it or not, that there are unscrupulous women as well as men, and justice must be afforded all parties concerned. Either party may appeal against the decision of the trial judge to a judge of the county court. The vital statistics department, or any institution caring for an unmarried mother, must report the case to the Department of Public Welfare.

The problem of the illegitimate child is one of the most difficult with which we have to grapple, involving as it does the question of penalizing the guilty parties, without undue discrimination against the unfortunate offspring. It was most regrettable that, through the determined opposition of one of the members of the legislature, section 72 should have been deleted. The section is as follows:

"Where it is impossible to establish the paternity of a child because of its mother having had intercourse with several men during the period in which the child must have been begotten, each man who had intercourse with the child's mother during such period and who might possibly have begotten the child shall be liable for the support of the child during its minority, and in proceeding before a judge of the juvenile court, or a police magistrate or justices of the peace, brought by the director to secure the child's support, every such man may be ordered to contribute to the support of the child during its minority in such measure as the court may determine in consideration of the circumstances of the case and the needs of the child, and the provisions of the preceding sections as to enforcing the order of the court shall be applicable. Provided, however, that no such order shall be made unless evidence of the mother is corroborated by some other material evidence implicating the accused."

Under the existing law, if the accused can prove by means, fair or foul, that several men had intercourse with the informant about the same time, all escape liability, despite the fact that the joint moral liability is the same.

The ever increasing problem of the feeble minded and mentally defective is dealt with in part 5. These include all stages of feeble mindedness, and provision is made by which the parent of such child may have it examined by the board and psychiatrist of the receiving home, and upon this finding may, with the approval of the director, either take the child home again or place it in a proper institution.

Any teacher, nurse or person who has charge of such child may notify the Department and have the case investigated, and if the parents refuse to co-operate they may be ordered to produce the child for examination.

Part 6, respecting handicapped children, refers to cripples or those who, from lack of development of any organ, are prevented from receiving education in the ordinary way. All cases reported to the Department

shall be investigated and fullest co-operation made with the parents or guardians in so far as special education and training may be in the best interests of the child.

In the case of deaf and dumb children of the ages of eight and fifteen, it shall be the duty of the director to require that such children shall attend a suitable institution for at least four months in every year.

Part 7 deals with immigrant children, meaning those children brought into the province for settlement by any charitable organization, *e.g.*, Dr. Barnardo's Homes. All children so placed must be reported to the Department of Public Welfare and the child then becomes a ward of the province and subject to the supervision of this department. The organization that placed the child shall be responsible for the costs involved in placing the child and shall in general make its own contracts, subject always to revision by the Department of Public Welfare. The idea seems to be to allow such organization to proceed on its own initiative, but giving the department the right to interfere should the need ever arise.

Regulations for the establishment of Child Welfare organizations are provided for in Part 8.

Any twelve or more persons entitled to vote at the provincial elections may make application to the department for incorporation and all societies already organized under the Children's Act shall be deemed incorporated under this Act.

The general rules of management of such societies are set out in detail in the Act and need not be enumerated here.

Part 9 deals with the adoption of children. All applications for adoption shall be made directly to the Department of Public Welfare, and after proper investigation a certificate of adoption may be given, subject always to the child being returned to its own parents. Any newspaper advertising a child for adoption must furnish all particulars at its disposal to the department. The foster parents are to assume all the duties of natural parents, and are entitled to all benefits derived therefrom as though the child were natural born. Such homes shall be properly investigated and reported upon annually.

A further improvement upon the former law has been made by the provision that after one year of adoption, application may be made to a a county court judge for certificate of permanent adoption. Thenceforth all supervision by the department or liability of interference by the parents ceases. Formerly at common law no parent could abrogate his or her inherent right to custody of their child, and no agreement to the contrary afforded any protection to the foster parent.

Questions involving the guardianship of the child are set forth in Part 10, and this section opens with the important statement, *"Notwithstanding any rule of law heretofore in force to the contrary, the rights*

of the father and mother in the custody and control of their children shall be joint, subject, of course, to any order of a judge providing otherwise." The remaining sections of this part are largely technical, dealing with the procedure of legally appointed guardians acting on behalf of children in the case of contracts, litigation, real estate transactions and so forth.

The final part contains numerous miscellaneous provisions, and is designed to care for any details so far omitted. Amongst these may be noted the following: Municipal council in cities, towns and incorporated villages may regulate the hours for children to be on the streets at night without proper guardianship. Any children found loitering after the time so fixed may be warned to go home, and if such warning is not heeded the child may be taken to one of the Public Welfare shelters.

By-laws may be passed regulating and controlling the licensing of children engaged as—

(*a*) Express or dispatch messengers;
(*b*) Vendors of newspapers;
(*c*) Shoe shiners;
(*d*) Pin boys of bowling alleys;

and to prohibit children from being so engaged without a license. No license shall be given for work after 8 p.m. during the months of December, January or February, or after 9 p.m. for the rest of the year, and never during school hours.

Section 158 provides that every town or city with a population of 3000 or over shall provide places known as shelters of the temporary care of neglected children.

Children employed in public entertainments, circuses, etc., must be licensed and careful supervision made by the department to see that the terms and hours of employment are strictly complied with.

These are the general provisions of the Child Welfare Act. Inadequate as it may be to meet every contingency that may arise in regard to the welfare of children, it nevertheless provides us with a good working basis upon which we may build.—*Winnipeg General Hospital Alumnae Journal.*

MILDRED B. McMURRAY, B.A., LL.B.

AUTUMN COLORS

October's hiding in the woods,
And there we'd better leave her;
For Mr. Frost has whispered round
That she has scarlet fever!

Pauline Francis Gamp.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

The feelings of the impressionable and passionately earnest youth were first publicly expressed a month later in a salon at Milan, where he suggested the idea of a general committee of succour in time of war and the internationalization of the charity, with the adoption of a special sign to be recognized by all. A temporary local relief society resulted. Returning to Geneva, Dunant wrote his famous account, published under the title "*Souvenir de Solferino*," which described in vivid and eloquent terms the appalling sufferings to which he had been witness, and proposed the formation, in time of peace, of relief societies for the care of the wounded in war. The pamphlet was widely distributed throughout Europe, running through many editions, and made a profound impression. It was immediately followed up by him with a personal visit to many European countries; Frederick Charles of Prussia, who was then Grand Master of the Order of St. John of Jerusalem, promised the support of the Order, and the Queen of Prussia was an ardent sympathizer, as was also Napoleon III.

The next step was taken by the Society of Public Utility of Geneva, under the presidency of Mr. Gustave Moynier, which met on February 19th, 1863, and appointed a special committee, which in turn sent out a general invitation for a conference, which was held at Geneva on September 26th, 1863, to consider the question of volunteer aid for the medical service of armies in time of war, and also the neutralization of its personnel. Thirty-six delegates were present, representing (semi-officially) fourteen different governments, six delegates from various associations, seven unaccredited visitors, and the five members of the Geneva committee.

This conference proposed the formation of national committees in all countries to remedy the inadequacy of official sanitary measures and to organize volunteer nurse corps, and it adopted as an "identical distinctive sign" for the "volunteer nurses" and for the medical corps of field hosptals of all armies, the badge or "heraldic emblem" of *a red cross on a white ground*, being the arms of Switzerland reversed; and finally it proposed that "in time of war neutrality should be proclaimed by the belligerent nations for the field and stationary hospitals, and be

accorded in the most complete manner to all officials employed in sanitary work, volunteer nurses, inhabitants of the country who shall assist the wounded, and to the wounded themselves." Results followed rapidly. National committees were formed in the countries represented, and the Committee of Five, now known as the *"Comité Internationale de la Croix Rouge,"** approached practically all the governments upon the question of the neutrality of medical corps in war. Fifteen responded favourably, whereupon an invitation was issued, which was accepted by sixteen governments, twelve of whom accredited their representatives with "treaty powers." The neutrality convention at Geneva (or the celebrated Red Cross Treaty) was signed by these twelve delegates for their respective countries on August 22nd, 1864. It thus constituted an international agreement "for the amelioration of the condition of wounded soldiers under a campaign," and established the neutrality of the wounded, and those in attendance upon them, under the distinctive Red Cross flag. In 1906 this convention met again, thirty-seven powers being now represented, and amended and extended its articles in numerous important details. By 1907 fifty-seven countries were officially enrolled under the Treaty of Geneva, or the Red Cross.

The names of the following governments whose plenipotentiaries signed the Geneva Convention on August 22nd, 1864, are embodied in the treaty: The Grand Duchy of Baden; the Swiss Confederation; the Kingdom of Belgium; the Kingdom of Denmark; the Kingdom of Spain; the French Empire; the Grand Duchy of Hesse; the Kingdom of Italy; the Kingdom of the Netherlands; the Kingdom of Portugal; the Kingdom of Prussia; and the Kingdom of Wurtemberg.

The extension of the Red Cross movement throughout civilization in the immediately succeeding years is shown by the following statement of dates of entrance of the various countries named: Sweden, December 13th, 1864; Greece, January 5-17th, 1865; Great Britain, February 18th, 1865; Mecklenburg-Schwerin, March 9th, 1865; Turkey, July 5th, 1865; Wurtemberg, June 22nd, 1866; Hesse, June 2nd, 1866; Bavaria, June 30th, 1866; Austria, July 21st, 1866; Persia, December 5th, 1874; Russia, 1874; Montenegro, November 17-29th, 1875; Servia, March 24th, 1876; Bolivia, October 16th, 1879; Chili, November 15th, 1879; Argentine Republic, November 25th, 1879; Peru, April 22nd, 1880; United States, March 1st, 1882; Bulgaria, March 1st, 1884; Japan, June 5th, 1886; Luxemburg, October 5th, 1888; Hungary, Congo Free State, Venezuela, 1894; Siam, June 29th, 1895; South African Republic, September 30th, 1896; Canada, December 2nd, 1896; Honduras, May 16th, 1898; Nicaragua, May 16th, 1898.†

* This committee, which consisted at that time of M. Gustave Moynier, Gen. Drefour, Dr. Louis Appia, Dr. Theodore Maunoir, and M. Dunant himself, has remained in office ever since, and is the International Committee to-day.

† This list is collated from Miss Clara Barton's valuable book on the Red Cross, published in 1898, which is now out of print.

Slide 263. Sir John Pringle (1707-1782). A pupil of Boerhave and Albinus; recognized as the founder of Modern Military Medicine, and the originator of the Red Cross idea. A distinguished surgeon in the European wars of the time, and Surgeon-General of the English army from 1742 to 1758; a pioneer of the antiseptic idea. Published "Observations on Diseases of the Army." Garrison informs us that his other claims to recognition are that he described typhus fever accurately and showed that gaol fever and hospital fever were the same; he named influenza, and correlated the different forms of dysentery.

Slide 264. Henri Dunant. Chief agent in the organization of the International Movement which led to the Convention of Geneva or the Treaty of the Red Cross, therefore popularly known as the founder of the Red Cross Society. The picture was taken from the Scientific American Supplement of February 1st, 1902, page 21817, and shows him as he was at that date,—a man of advanced years, with a long beard. An account is given there of the six laureates of the Nobel prize for that year. The Peace prize, one of five prizes given, each amounting to $41,600.00, was divided between M. Dunant and M. Frederick Passy.

Slide 265. Copy of an engraving showing a "Chronological Historic Tree" which illustrates the development of the Red Cross during the first twenty-five years after its organization. It bears the inscription at the top: "Published by the International Committee of the Red Cross at Geneva on the occasion of the twenty-fifth anniversary of its foundation, 1863-1888." The central branch of the tree represents the work of the International Committee; the right branch the formation of international societies or committees; the left branch the dates of adhesion to the Treaty by the various nations, whose coats of arms and names are visible.

Slide 266. The Fourth International Conference held at the Court of Carlsruhe, in 1889. In the centre of the front row (seated) is Henri Dunant; to his left is M. Gustave Moynier, First President; Clara Barton is the second from the extreme right in the front row. Fifty-eight persons, including four women, are present as having taken part in the Conference.

Origin of the French, British, and Canadian Red Cross

The French Red Cross

France was one of the original twelve signatories to the treaty of Geneva in 1864, and is said to have been the first great Power to take action under it. The French Red Cross carried on in the wars of 1866 and of 1870—in the latter with great activity, as did also the Societies of Germany and Great Britain. At the close of this war, the French Societies proceeded to form training-schools for Red Cross nurses throughout France and to improve its Ambulance Material. The active part taken by the Society in tuberculosis work during peace throughout France, following upon the action of the International Committee in 1905, has already been mentioned. The outbreak of the Great War found the French Red Cross splendidly organized, with resourses estimated at about £1,000,000. It consisted of three active associations united under one central committee,—the *Société des Secours aux Blessés Militaires, l'Union des Femmes Française* and *l'Association des Dames Française*. A fourth society, *l'Association des Dames de France*

worked in conjunction with the Red Cross but not directly under it. In spite of some initial confusion and overlapping as a result of the sudden demands made upon it, the *Croix Rouge* did a phenominal and brilliant work both in placing its own auxiliary units in the field in an incredibly short time, and also in co-ordinating the numerous offers of help and equipment that came to it from every side. A report issued in the autumn of 1914 showed that *l'Union des Femmes de France*, which makes it a point of duty that every woman should be trained to help in war, was able to immediately call into being 204 auxiliary hospitals equipped to receive 13,000 wounded, and staffed by 10,000 nurses and 2,600 directresses; and that by August 8th the *Association des Dames Francaises* and the *Association des Dames de France* each had 105 such hospitals containing 20 to 300 beds ready for action. All the auxiliary volunteer units working in France not directly under the Red Cross of the other Allies, such as the American Ambulance at Neuilly and the Women's Hospital Units, were accepted by the *Croix Rouge* and worked under its inspection and approval. Its work throughout was further and admirably supplemented by the Paris Committee of the British Red Cross.

Slide 267. The Ambulance of the **Comèd'e Française** (1870-71) showing the French Red Cross at work in Paris during the Franco-Prussian war. Volunteer lady nurses with the Red Cross on their arms are seen assisting among the wounded soldiers. Prof. Alfred Richet bends over a man on whom he is operating. From a picture in the **Ecole de Medicin de Paris.** Painted by A. Broullet 1891. The same building was used as an Auxiliary Hospital by the French Red Cross in the Great War.

Evolution of the British Red Cross

Two British delegates, Dr. Longmore and Dr. Rutherford, friends of Miss Nightingale, whose drafted instructions they carried, attended the Congress of 1864, but, as shown above, Great Britain did not sign the Treaty until the following year, 1865; and it was not until the outbreak of the Franco-Prussian War in 1870 that the British National Committee was formed through the initiative of Mr. (later Sir) John Furley, and the generous support of Lord Wantage. Like the other early Red Cross Societies, it bore at first the title "The National Society for the Aid of the Sick and Wounded in War," and it carried out its operations under this name for the next thirty-five years. During the Franco-Prussian war it raised £300,000 and prepared large quantities of supplies and equipment under the Chairmanship of Princess Christian. In 1899 a second body, with similar functions, was formed, with Government support, entitled "The British Central Red Cross Council," and in July, 1905, the two organizations were merged together under the name "The British Red Cross Society," which now became a powerful organization, whose Council bore the names of representatives also of the St. John Ambulance Association and the Army Nursing Service Reserve. Early in the Great War, on October 24th, 1914, a still closer

combination of forces was consummated in that the Committees of the British Red Cross Society and of the Order of St. John of Jerusalem were amalgamated for executive purposes in a "Joint War Committee," which functioned throughout the war and remains in action to-day. (A brief statement of the British Red Cross Nursing activities in the Great War, with illustrative lantern-slides, is given for the sake of continuity *after* the account of the work of the Order of St. John below).

Slide 268. Sir John Furley. Founder of the British Red Cross Society and its Commissioner abroad during the Franco-Prussian war, 1870-71. Was made Honorary Treasurer of the British Red Cross Central Council on its organization in 1899, and was General Superintendent of Red Cross work in South Africa during the Boer War 1899-1902. For devoted services while working with him through the latter war, his wife, Lady Furley, was given the Royal Red Cross.

Slide 269. Princess Christian Hospital Train. A form of equipment new at the time, planned by Sir John Furley and presented to the Red Cross for use in South Africa by Princess Christian.

(To Be Continued)

GEMS OF THOUGHT

The real difference between men is energy. A strong will, a settled purpose, an invincible determination, can accomplish almost anything; and in this lies the distinction between great men and little men.—*Fuller.*

Christianity commands us to pass by injuries; it is policy to let them pass by us.—*Franklin.*

Lie not, neither to thyself, nor man, nor God.—It is for cowards to lie.—*Herbert.*

"Luck" is a very good word, if you put a "p" before it.—*Anon.*

Slight small injuries and they become none at all.—*Fuller.*

Here's to the woman who says "I will,"
Regardless of what befalls her,
And doesn't despair at her load of care,
Or the road thro' which fate calls her;
Who leans to the cross in her heavy loss,
And finds, whate'er her station,
That the sweet and pure are the things that make
Her the noblest of God's creation.

Editorial

A WARNING.—A letter was received from a nurse in Brandon, stating that she had subscribed to TWO Canadian Nursing Journals through two young men who claimed that they were putting themselves through the University and were endorsed by the G.W.V.A., which was getting a "rake-off" on all subscriptions. These men stated that there was a *Canadian Nurse and Hospital Review* magazine, published in Toronto, and were given the information by the nurse in question that there was one published in Vancouver. She wrote to me at once asking me if it had been received here, and evidently felt herself that the statements of the men were incorrect. The G.W.V.A. in Vancouver were communicated with, and they told the Editor that they were constantly warning their branches to be on the lookout for men who claimed that they had the endorsation of that association.

In this particular case, nothing can be done after this length of time, but an earnest warning is sent out with the request that it be read at all association meetings throughout Canada. This office employs no agents, and any one coming from door to door stating that they are authorized to take subscriptions is a faker and getting money under false pretences, and should be at once reported to the local police.

Send all money direct to this office, preferably in the form of money orders or certified cheques, with proper stamps and exchange added.

* * * *

Now that all the associations are getting down to their winter's work and making plans for same, it might be a good time to remind the members that the support of your magazine is far from what it should be.

If a census of subscribers in each association could be made, it might be an eye-openner to the officers of that association.

As the Editor has stated so many times before, one's garment must be cut according to the cloth on hand, and our financial standing ever since we bought the magazine has always been one where the slightest extra expense, enlargement, better paper for publishing, etc., had to be held over because the treasury of the magazine showed just sufficient, and sometimes not even that, to carry on.

Subscription to our only nursing journal should be one of the first duties of each association.

A word about the material sent in might not be amiss. Most associations appoint a member at the annual meeting to send items. That is good, so far as it goes, but how many ask at each meeting if she has

done her duty in this particular? Twice, lately, the Editor has been asked in no pleasant way why items sent in have not been printed. It seems so much easier to place the blame on the Editor than to say that the material in question has not been submitted to this office at all.

If the correspondents would remember that personals of small interest, except to one or two, as the summer vacation of the members, etc., must be cut out in order to give place to those of more importance, it would help much. Notices of the monthly meetings, unless something of moment takes places, are hardly interesting to those outside the members, who get this in the regular minutes of each meeting. There are, however, in practically every locality, interesting items which should be sent in by the person delegated to do so. Some provinces have adopted a good plan when they ask all local associations to send in items to the Secretary of the Provincial Association, who segregates them and sends them in. All matter must be subject to the space alloted in the magazine, which again is settled by the money in the treasury.

If correspondents would be certain of the accuracy of all statements they make in sending in reports, and would see that all material is posted so that it reaches the office in Vancouver before the 20th of the month, much more satisfaction would be given to all interested.

* * * *

The Rockefeller report, as outlined at the A.N.A. Convention in Seattle, opens a field for the nurses' study during this coming year at association meetings. We, as Canadian nurses, must take cognizance of it and study the significance of its different conclusions. We should not, however, start to earnestly consider it with the carefulness due its importance till the full report is published, which will be soon. This consists of 400 pages of what will naturally be one of the most valuable contributions to nursing literature. This report is the more valuable in that most of its members were not nurses, and it represents the best element in thinking minds of the country. We have been prone always to take a more or less narrow view of nursing, its conditions, training and effect on the community. Now we must look at ourselves in a general way, feeling that we are indeed a body of professional women, therefore must have the professional standards of education, both general and relating to our own special professional studies. We cannot concede lower standards, and, through our own efforts, strengthened by such reports as this, should bring every training school either into line or force them out of existence. Our standards are reasonable, and for no cause of expediency can we allow ourselves to lower them nor to blink at the evasion of set standards such as we have now. No province can afford to be without a specially fitted woman to survey the schools, one whose influence slowly but nevertheless surely must convince the Boards of Trustees that there is a responsibility all theirs when a school is attached to a general hospital, to give the education required. That

there is only common honesty in this statement, every man and woman on the boards can be brought to admit. Unless we, claiming the right to administer our registration laws, look to the inspection of conditions which do exist in every province, and can honestly state that we know our worst features in these present conditions, we are evading our responsibilities and not worthy of the position we wish to take.

Let this survey, honest, full, just but considerate of all the difficulties that do exist for the hospital boards and the heads of hospital training schools, bring in a report to provincial associations—looking on each deficiency found out as something gained; then, and not till then, will we be in any position to make a definite move for the betterment of them. We must know where we stand in this Canada of ours, that the Rockefeller report with its weight of impartial investigation may be the help it should be to us. There are dangers in it, dangers that we must see and guard against, but we cannot be indifferent to its warnings and suggestions nor turn lightly to things of lesser importance with a feeling *that it does not concern us here.*

Letters to The Editor

It has been with much interest I have read the articles in the September number of the "Canadian Nurse" on "Annuities", and would like to call your attention to the fact that there is another plan of government annuities which, to my mind, seems more advantageous. That is the guaranteed 10 year plan A. policy; of course it is not the ten dollars a month, but the hundred dollars a year; the premiums are a little higher than the nurse's premiums, but it means your heirs will receive the money for the remainder of the ten years or until forty quarterly payments have been made.

All anyone wishing to purchase an annuity has to do is write to Mr. S. T. Bastedo at Ottawa, stating age, and he will give the rate of premium.

Hoping this information may be beneficial to some one,

I remain, yours truly,

ETHEL G. ALEXANDER, R.N.

R. M. D. No. 2,
Mascouche, Que.
Sept. 10th, 1922.

Yet I doubt not thro' the ages one increasing purpose runs,
And the thoughts of men are widen'd with the process of the suns.

Locksley Hall.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
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Quebec
Miss Lawrence,
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Ontario
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Miss Nora Armstrong,
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Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

An interesting feature of the programme of the Public Health Section of the C.N.A.T.N. in Edmonton was the reading of papers prepared by the several provincial representatives indicating outstanding features in the recent development of Public Health nursing, in their respective provinces.

The reports from Nova Scotia, Alberta and Ontario follow:—

ORGANIZATION OF PUBLIC HEALTH NURSING

REPRESENTATIVE OF PUBLIC HEALTH

Given the opportunity, the right tools and environment—creative ability,—organization should be a comparatively easy task. But how often a fault is made in building up a new enterprise? By endeavouring to produce something entirely foreign to the material used in the construction, the result is always—failure.

When I speak of organization, I mean the development of districts in portions of the province that have no bearing or connection with city or urban life. If a Public Health nurse would enter this field with the desire to make a success of the enterprise, she must seek the viewpoint of the people, become one with them, and familiarize herself with their

needs. Unless there is ready sympathy and tolerant respect for the opinion of the other man or woman, the Public Health nurse might just as well give up her attempt.

First, a topographic survey of the lay of the land,—perhaps Alberta has the most striking contrasts of any province in the Dominion in the variety of its natural formation, from the rolling prairie to mountain peaks; undulating hill and valley to muskeg and virgin forests. Approximately two-thirds of the country is served by railways, the towns varying in population being scattered along the lines on an average of eight to ten miles apart. To the west and north, where the railway is only under partial development, the country is well opened up by enterprising settlers. Add to this our great waterways, and it will be readily seen that any cut-and-dried method of procedure in organization is quite out of the question. We have to govern the size of our district by the local surroundings and the peculiar needs of the people. Our system of forming a new district is along these lines: First, a site is selected as centre, presumably a town on a railway; this town, which may consist only of a store and post-office, nevertheless forms the nucleus, and a radius containing from thirty to forty schools is embraced.

A letter is circularized from the main office to the secretary-treasurer of the schools explaining our policy, then an organizer goes in and meets the school trustees, explaining in detail the work of a Public Health nurse. We always take the school for the foundations of our organization; the reason for this is, that in Alberta, no matter how isolated the country may be, we find schools, providing there is even a meagre population. But in many instances we are without the aid of those local societies and clubs which form such a strong asset in our work, hence we look for our support from the interest taken by the individual himself.

It is seldom necessary to explain the purpose of our organization beyond the members of the School Board, though a public meeting is sometimes advised, as the general public is anxious to know the aims of the Health Department and what service it has to offer the people. This work is comparatively in its infancy, but one seldom meets with real opposition, as the people in the country are of a reading and thinking type.

Perhaps our chief difficulty lies in our transportation, for although the railway may enter the Public Health district at one given point—distance and space belong to the nurse unassisted by the locomotive,—so, to fill the need of better travelling facilities, each nurse is provided with her own car.

After the Public Health nurse has established herself in a district, the work of forming a Child Welfare Station is left to her. The Public Health nurse should have sufficient initiative to undertake this organization herself, and it is never commenced until the nurse has had the opportunity of meeting the people, especially the mothers and babies. Her school inspection and follow-up work serve as a natural channel to

this end. She usually seeks the co-operation of the several women's societies wherever they may be found: United Farm Women of Alberta, Women's Institutes, Independent Order Daughters of the Empire, and Church Societies as well as the several Men's Clubs.

Enthusiastic support is always given the nurse. I will read to you the following extracts taken from nurses' letters in reference to their Child Welfare work.

Report from Cardston, our most southerly district in the Province:

"Regarding the opening of the Child Welfare Station in Cardston, I had very little difficulty. I talked with different women whom I met after first arriving about opening a Child Welfare Station, mostly women who were officers in the different women's organizations, such as the Women's Institute, and U.F.W.A. They were very much interested, and told me of a room in the Court House which had been used by the Red Cross Society while they were engaged in war work, and which they thought I could get the use of. I went to the President of the local Red Cross Society, who assured me that they had no further use for it, and advised me to speak to the Mayor of the town. From the Mayor of the town I was referred to the Sheriff, and from him to the Member of Parliament, and so on, until I had interviewed any number of people, but I kept on until I got permission to have the room rent free, and also the use of the Court Room every Saturday to use as a waiting room. I advertised the opening of the station in the local newspaper for two or three weeks previous to the time I opened it, which was in October. Since then it has been open seventeen Saturdays, and there have been 110 visits paid to it. I have sent the Child Welfare Station announcement cards home with the pupils in each of the schools in the district by way of advertising, also. I believe the most important consideration in opening a Child Welfare Station, or even in beginning Public Health work in a district, is to give as little, or better, no expense, to the town or district until the work has been well demonstrated to the people, and they see that good results can be obtained."

Extract from Report of Children's Health Conference held at Cardston, May, 1922:

"We held a very successful Children's Health conference on May 20th. It was a very dull morning and rained heavily for about two hours, between 11 and 1 o'clock at noon. However, it brightened up after the rain, and we had 87 babies and children under school age out. We had enrolled 100 babies, all that we believed could be satisfactorily handled in the time arranged for the conference. Those from the surrounding country we had enrolled to come between one and three o'clock, and on account of the rain very few of them came in.

"All three Doctors assisted alternately between 10 and 12 a.m., 1 and 3 p.m., and 3 to 5 p.m. We had three married nurses assisting, as well as several other ladies from the Women's organizations. Cocoa and biscuits were served to the mothers while they were waiting, and milk to the children."

Extract from letter from Grande Prairie, our most northerly point:

"We held clinics at the different fairs, and in that way interested the people. Then, when we were giving those lectures, I had quite a few mothers come to me for advice, and also expectant mothers after advice too. While inspecting the schools in the country, I met with some mothers,—one who was anxious to have me bathe her baby. I found her sitting by the stove with a little round basin on a chair, holding the babe in her lap. I demonstrated to her the way we bathe the baby on the table. Some mothers came to the schools. I demonstrated the bottle feeding and also the diet up to the school age. Also proper clothing for a babe—I found some dressed far too warm for summer.

"In my district I am holding clinics once a month, as I find it impossible to hold them oftener in the big district I am covering. At every

clinic the attendance is gradually increasing. Mine are also held without the doctor. I give them advice, weigh, measure, and have also given demonstrations on bathing and bottle feeding. In the summer I hope to be able to carry on some clinics in the country districts, but it would be impossible in this 50° below weather."

In conclusion, I wish to point out to you that rural organization is not difficult if the aims and objects of the work are clearly presented to the people. The well established farmer and the new settler soon realize that a Public Health nurse is an asset in their district, and that good health is one of the most important factors in building up a community.

Miss E. Clarke,
Convenor Public Health Committee, Alberta.

ANTIGONISH COUNTY MOBILE CLINIC
PROVINCE OF NOVA SCOTIA

Under the auspices of the Provincial Red Cross Society and the Municipality of Antigonish, a medical and dental clinic visited the most remote sections of Antigonish County during the last month. The staff of the clinic consisted of a tuberculosis specialist, two nurses, a dentist and a fourth year dental student.

The County was divided into twelve districts, and these clinics were conducted for two days in the most central locality in each district. At an early hour in the morning, people could be seen travelling in the direction of this clinic, and the staff worked steadily long hours each day. During these stops well attended public health meetings were held; illustrated talks were given on various health topics, and health literature was freely distributed. Slides and moving pictures were used for demonstration purposes.

An attempt was made to locate all cases of tuberculosis in the County. In addition to examining all chest cases that atended the clinic, the tuberculosis specialist visited the homes of all suspected cases. This enabled him to examine all the contact cases, and six definite cases of tuberculosis were found in one family. Of the three hundred chest cases examined, sixty-nine were found to be positive cases of tuberculosis, and forty-two additional doubtful cases were referred to the special case finding campaign which is being conducted this week in the town of Antigonish. At this clinic an X-Ray specialist will be in attendance, in order that a thorough examinaton may be made of all doubtful cases.

A complete record of the dental work accomplished by this clinic is not yet available.

This clinic work has been made possible by the index made of existing health conditions in the County by the public health nurse. The people of Antigonish County were very much interested in the work and every preparation was made by the local people for the reception and comfort of the staff of this clinic while in each district.

A mobile clinic of this kind is one of the most fruitful means of bringing not only treatment but health education to the isolated rural districts. Arrangements are now being made to extend a similar health movement to other counties in the province during this summer.

OPEN AIR CAMP, HALIFAX, NOVA SCOTIA

During July and August of the year 1921, the Anti-Tuberculosis League of Halifax County (Mrs. Wm. Schon, President), conducted an open air camp for twenty-five children on the grounds of Health Centre No. 1, Halifax, N.S. Admittance for the most part was limited to children from seven to ten per cent. or more under weight, in whose homes there was known to be one or more cases of open tuberculosis. The cases were selected by Dr. T. M. Sieniewicz, tuberculosis examiner in charge of our Tuberculosis Clinics.

The expenses of this procedure were entirely borne by the Anti-Tuberculosis League. The League was able to do this work at a very small cost, viz., 33 1-3 cents per child per day. By courtesy of the military authorities, six canvases were loaned, four of them as shelter for cots, one for cooking and one for eating purposes; the military also loaned cooking outfit and kitchen utensils. The Red Cross loaned the League twenty-five folding canvas cots, each equipped with a pair of blankets.

The children were brought to the camp each morning at 8:30. They were supervised by Miss Greig, a teacher of the primary grades, who had been employed for the purpose, and by Miss Chisholm, a trained nurse. A cook prepared the food, the menus being arranged by Miss Ross, the chief nurse, or Miss Fenton, the assistant supervisor of the Health Centre.

During the middle of each morning these children were given a cup of milk and a slice of bread and butter, and then half an hour's rest on their cots under canvas in bad weather, in the open on their blankets on the ground in fair weather. At noon the camp children were taken through the vegetable garden, taught something of the use and value of the various kinds of vegetables which would be served during the meal: were given a well-cooked dinner, then one and a-half hour's rest, many of them sleeping. In the middle of the afternoon they were again given a lunch and another half-hour rest period. The intervals between meals and rest periods were filled in by their teacher, when they were entertained and given more or less systematic health instruction, utilizing for this purpose the various health plays, health fairy stories, etc.

The camp ended by having friends of the children and friends of the League invited as guests to health plays acted by the children spending their time in the camp.

It will be noted that each child slept at home, and ate breakfast and the evening meal at home. The camp was not open on Sunday. Once

a week each child was brought to the weighing room of the nutrition class, where his weight was charted, and the usual instruction given by those in charge of the nutrition class as to the kind of food that needed to be featured in the diet, and the reason for it, and the additional rest that might be required, if the child was not gaining.

It was the thought of those in charge of the camp to arouse interest along preventative lines among persons concerned with the near tuberculous and to instil into the community a desire to support a preventorium. Up to the present time, however, the preventorium has not been started, nor has it yet been decided whether the camp will be re-opened during the present year.

MARGARET MACKENZIE,
June 14th, 1922. Convenor Public Health Committee.

INDUSTRIAL NURSING IN ONTARIO

In November, 1921, a number of industrial nurses asked permission of the Ontario Public Health Committee to form a sub-committee in order that they might be able to meet together to discuss problems peculiar to their special line of work. This permission was given, and since then a number of Toronto industrial nurses have been meeting once a month. This meeting has taken the form of a round table conference held during dinner at the Nurses' Club.

These meetings have been full of interest and help.

It is planned to continue the meetings in the fall, and a course of talks by different authorities on industrial matters is being outlined. A number of industrial nurses throughout the Province have expressed their desire to come to Toronto to take part in these gatherings. It is hoped that the outlined ocurse may be valuable enough to appeal to employers in order that they may allow their nurses to join this subcommittee.

The industrial depression which has affected the whole world has been reflected in the number of nurses employed in this line of work, but we are pleased to note that not only through the darkest period of this depression many industrial nurses were retained by their management, (even though the number of employees was greatly reduced), but further with the improvement in industrial conditions, business organizations have immediately commenced to employ the services of trained nurses.

Respectfully submitted,

MURIEL MACKAY,
Convenor Public Health Committee, Ontario

BRITISH COLUMBIA

Miss D. McGregor, who served on the staff of the S.C.R. sanitarium at Balfour, and the Provincial Institution at Tranquille, is now doing Social Service work with the S.C.R.

Miss McGregor completed a course in Public Health nursing at Toronto University last year.

Miss Eldora Bray, of the Cowichan Electoral District Health Centre, writes us of the interesting work done by Miss E. E. Farrer, the Nurse in Charge of this centre, and herself. The district covers an area of 190 square miles, in the vicinity of Shawnigan Lake, Duncan, and Cowichan Lake, there being a population of about 6,000 residents.

The work at the Health Centre is for educational purposes, mainly —nursing service also being carried on for the community,— for which there is a charge of seventy-five cents for the first hour and fifty cents an hour extra; in many cases, free nursing being given.

The educational work is carried on through the schools, where health talks are given to the children; dental surveys made; also many pre-natal visits being made to expectant mothers.

A Well Babies' Clinic is held at Duncan, where mothers bring their babies once a month to be weighed and measured. They also receive expert advice from the doctor or nurses,—but in no cases is treatment given or prescriptions written out at these clinics. Follow-up visits are made in the homes.

Dr. A. J. Thomas, D.D.S., of Victoria, under instructions from Dr. Young, Provincial Health Officer, made a survey of the school children in the district, with the object in view of establishing dental clinics; reports of both the medical and dental surveys being made, giving the number examined, number needing attention, and the different classifications under which defects had been found, etc.

Miss Lumsden, nurse in charge of the Social Service Department of the S.C.R., has reported a most progressive step in the advancement of Public Health and Welfare in an article entitled "Making Better Home Makers," in which she describes the splendid results and activities of a little club called the "Returned Soldiers' Wives' Club," which was organized under the direction of the Industrial Secretary of the Y.W.C.A., in January, 1922, the objects of this organization being threefold: "Social Intercourse," "To teach and encourage thrift," "To instil a desire for service."

The club meets once a week in the Y.W.C.A. Lunch Rooms, volunteer helpers showing the members how to cut out and make garments for themselves and children,—two motherless children having also been visited and clothing made for them by the club members.

The women have recently taken charge of the serving of light refreshments, and it is hoped that great interest will be developed in the planning of a daily menu that will supply the family with wholesome and palatable food at a minimum outlay. The membership of this club has advanced from about seven to an enrollment of nearly thirty.

Mrs. Anna Stabler, Director of Nursing, B. C. Division of the Canadian Red Cross Society, has informed us of some very interesting Child Welfare work being done in the Province, through the Red Cross, in connection with the children of immigrants.

In co-operation with the Department of Immigration, the Red Cross at ports of landing does welfare work for the children of immigrants and distributes to the parents a card marked "A", which is printed in several languages, and indicates to the parents the possible agencies for child welfare work in the district in which they will make their new homes.

If the Red Cross nurse at the port discovers a child with a physical defect that should be given treatment, card "B" is filled in and forwarded to National Headquarters for distribution to the Provincial Division in which the child will reside, and where the necessary attention may be given.

From time to time these cards are received at the B.C. Branch of the Red Cross. In the City of Vancouver the Victorian Order of Nurses for Canada are co-operating with the Red Cross in calling to see any of these children when located in the Municipalities of Point Grey, South Vancouver, or parts of Burnaby.

It is hoped that this system will give to new Canadians an effective demonstration of the interests of the Red Cross in the welfare of their children.

THE INTERPRETERS

"Days dawn on us that make amends for many
Sometimes
When heaven and earth seem sweeter even than any
Man's rhymes.
Light had not all been quenched in or quelled
In Greece,
Had Homer sung not, or had Hugo held
His Peace
Had Sappho's self not left her word thus long
For token
The sea round Lesbos yet in waves of song
Had spoken."

—*Swinburne.*

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Isabel Crosby, 97 Avenue Road.
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.
Ontario—Miss Helen Carruthers, 34 Whitney Ave., Toronto, Ont.
Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.
Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.
Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

The Nurse's Life and Calling

By Professor Irving Cameron, M.B., L.L.B.; F.R.C.S., Eng.; F.R.C.S., Edinburgh; F.R.C.S., Dublin; F.A.C.S.; Professor of Surgery, University of Toronto.

The Nurse's Life and Calling (a practical prolegomenon on its Preparation, Pursuit, Recompense and Rewards). And a substitute, if required or desirable, might very well be a parody on a famous book, of wide vogue in the U.S., Dr. W. B. Cathell's "The Physician Himself and what he should add to the Purely Scientific", but altered to "The (Private Duty) Nurse Herself and what she should add to the Purely Practical."

And now, with such a title and subtitle to begin with, if the good-will, ingenuity and intelligence of the auditor or gentle-reader cannot be invoked to extract and supply much more than is here set down, this paper will prove an anti-climax indeed. Between me and such a calamity, however, stand the speakers who will discuss the theme, and from their agitation of the subject will arise some froth, of course, but also much iridescence of wit, **me victima*, of sense, sentiment and wisdom, to which I can lay no claim.

Who, then, is this Private Duty Nurse Herself? She is one, me teste (I being witness), of a noble band of devoted women who have set before themselves the solution of the intricate problem of the care and cure of sick and suffering mortality in private hospital and home; and she enters with equal alacrity and zeal upon her divine medical mission tabernas pauperum turresque regum, (the cotter's hut and the

* and I the victim.

King's palace), with intent to refuse admission, or to expel, "that grim Sergeant Death," qui aequo pede pulsat (who treads with impartial foot), and, in her absence, often "is so strict in his arrest."

And their name is legion. Ten thousand of them stand to arms in this Dominion, night and day, ever ready for the fray—ten times the number of all nursing sisters in the various other branches of their calling, and ever ready to be sent whither "from sea to sea," and from "The River" to the ends of the earth. And what a life is this these adventurous maidens ("Ye Sun-born Virgins! on the road of truth"—Matthew Arnold's Empedocles on Aetna) are setting out to lead? A life to appall the stoutest heart, to deter the most courageous and adventurous, could the end be seen from the beginning, as it, happily, can not. A life of labour, a life of self-sacrifice, of self-denial, self-forgetfulness and immolation. A life which sorrow has for "friend;" a life spent in the midst of suffering, grief and pain; a life of vigils, weariness of body and of mind, of racked heart strings and perplexed purposes, familiar with the pangs of birth and the agonies of death.

What is the proper preparation for such a life? Juvenal has told us when he said *Orandum est ut sit mens Sana in corpore Sano.* (Its devotee must pray for a sound mind in a sound body). Without this combination the individual is foredoomed to ultimate failure, to a harassed and distressful career, to premature abandonment, or early shipwreck. A sound body is a prerequisite, because the life is a toilsome one and full of unexpected stress and strain, labour prolonged, rest curtailed, recreation inadequate. A sound mind and a philosophic temperament are indispensable, because the nervous system is subjected to great and exhausting trials, and the nurse will be obliged most frequently to supply and to communicate these characters for her patient as well as for herself. Therefore, she must study and learn the psychology of both, and husband and cultivate the physiological powers of each. To this end she must have a sufficient preliminary education. The precise degree and the character of this education will depend to some extent upon her field of labour and the extent and eminence of her aspirations and ambitions. For the highest walks of her calling, the teaching of others in the varied branches of nursing, an Arts or even a Science degree would not be amiss, whereas for the ordinary duties of a practical nurse this would be "a wasteful and ridiculous excess" of energy, time and money.

For the ordinary duties of a Private Duty nurse, the Junior Matriculation standing, recently existing, requiring two or three years of high school training, or the Senior Matriculation requiring four years in a High School course, ought to suffice, if diligence be used in subsequent private study and self education. If more ambitious, the years between eighteen and twenty-one might be profitably devoted to Science and other preparatory training, combined with a business course including stenography and typewriting, followed by two years in the wards. If it

be proposed to take up some special line of nursing, then another year should be devoted thereto, and at the age of twenty-five the nurse should be qualified to take up any line of practice, from both the physical and the mental point of view.

If it be thought desirable that a nurse assistant should be created—an opinion strongly opposed by many best qualified to judge,— it would be almost impossible in time to prevent such imperfectly trained individuals being foisted upon the undiscriminating public, either by their own wiles or through exploitation by designing individuals or companies, as fully qualified nurses to the great danger, disadvantage and risk of their employers, the public, and the detriment and discredit of the nursing profession. The establishment of such a class could be justified only by the needs of an impoverished community or by the failure of a supply of proper nurses, and it would have to be hedged about by the strictest regulations and supervisions. To obviate this the trained nurses in Toronto have voluntarily organized a system of hourly noursing which should meet the public need and demand.

The British Ambassador to the U.S. (Sir Auckland Geddes, himself a medical man), speaking to the graduating class in Miss Dickson's Weston Hospital the other day, laid another burden on the hospital and the Private Duty nurses' shoulders by urging upon them the necessity of becoming proficient in his own line—diplomacy. He laid considerable stress upon the duty of the nurse to cultivate a sympathetic attitude of mind not only to the patients, but also towards the patients' relatives and environments, and to avoid "an institutional manner" and outlook, remembering that patients are fellow human beings with the like affections and sensibilities as ourselves, only much exaggerated temporarily, and at times, unconsciously, supremely unreasoning and unreasonable; and their relatives under the influence of anxiety and distress in the same predicament.

There is a growing feeling among physicians that too much unprofitable instruction in so-called scientific subjects is now-a-days included in the nurse's curriculum, and that this matter should be fully discussed and a ripened and revised judgment presented to those responsible for the teaching. The course might be considerably shortened and the labor lightened by substituting a measure of common sense and practicality, keeping the end in view, for routine and theoretical considerations, and "doctrines of science falsely so called." Equally important during this period of preparation is the training of the body, as well as the mind, by gymnastic and other exercises in the open air, and the provision of recreation and the means of mental development on general lines.

The pursuit of the nurse's calling must be conducted on rational lines, as in all other activities, to secure the best results. A nurse is not a mere machine, adapted to a single end, and capable of being used and abused continuously, so long as oiled and fed. Her philanthropic faculty

will be dulled and blunted by uninterrupted use, and her physical energy exhausted if continuously expended. A wise old adage says: "Cito rumpes arcum semper si tensum habueris"—You will soon break the bow if you keep it always bent—and even if not broken, if its elasticity be impaired, it will shoot but a feeble shaft. The nurse must, therefore, have *without fail* her reasonable periods of relaxation so that she be not permanently broken down by the energy expended on a single case.

In most callings at the present time, eight hours is considered a working day; but in the hardest of all employment wherein the wear and tear of mind and body from vigil and anxiety is constant and extreme, twelve hours per diem obtains in Toronto, and elsewhere oftentimes twenty-four, and in many places fifteen hours night duty. Who is so sanguine as to expect the best results under such conditions? If the nurses are true to themselves *and hold together,* it will be only a short time before reasonable hours of labour are established for them also. Concordia res parvae crescunt, discordia maximae civitates dilabuntur. Verbum sap. sat. A word to the wise is sufficient. The way the hospital authorities have held out against the three shifts in the twenty-four-hour day is simply disgraceful and indefensible, except as a means of weighing human flesh and spirit in the balance with coin of the realm. As it is, the length of the hours of labor and the slavery of the conditions are beginning already to make the profession undesirable and unattractive to young women who realize that the life of the school-teacher and the various grades of clerks in offices and shops is more remunerative pecuniarily and much more free and independent, with assured opportunities of recreation, rest, and self-improvement. These have not, however, the same opportunities of philanthropic service and access to the hearts of men in the impressionable moments of trouble, distress and pain. It is held by some that these circumstances increase a woman's prospects of matrimony. What the fact may be, this deponent saith not. But the graver fact remains that many of the best nurses do not marry, but who, when wearing out in work, give the vocation up and drift into shops and offices, housekeeping, companionships and the like, where their chances would have been better in the beginning. And with the women of this fine type and training, matrimony is not the main consideration; and few men are worthy of them, especially when they have come to years of discretion. A just and fair comparison may be instituted between the calling of the teacher and that of the nurse, for, as a rule, they occupy similar stations in society, and have come through a common preliminary training, both of education and up-bringing. Let us see, then, how these nearest parallels compare:

The woman teacher begins by earning (in Toronto) a minimum wage of $1,000, increasing by yearly bounds of $50 to a maximum of $2,000 (males, $1,600 to $2,800) in forty years. Her employment or occupation lasts longer in life, up to sixty years of age, and she has a pension, one half of which is contributed by her employers. She contrib-

utes to her pension 2½%, deducted annually and automatically from her salary, and, when she retires, one-sixtieth of the average of the last ten years of service, multiplied by the number of years of service, up to a maximum of $1,000, is awarded her. Her hours are shorter; 7 hours per diem for five days a week, including an hour's rest at noon. She has rest at regular and proper intervals (including all her nights); two holidays a week, with two or more months in summer, two weeks at Christmas, ten days at Easter, and the public holidays interspersed—100 days in week ends alone. She has less worry and anxiety (though these are not light), and these of a less trying and exacting character. And her income is assured and increases regularly and definitely; whereas the nurse's income is variable and precarious, and never increases, beginning and remaining at a minimum, which, however, may be increased in the gross at times by concerted action, seldom taken.

The nurse has no time for recreation, amusement, personal improvement and mental development, except in her off periods, when, as a matter of fact, her sewing, mending, etc., will occupy most of her time. Even her correspondence and social amenities have to be systematically neglected, and her friendships and acquaintances sacrificed through seeming indifference and unavoidable neglect. Her hours of work are 7-8 a.m. to 7-8 p.m., Sundays included. The nurse earns $5.00 per diem for, say, 240 days, or an annual maximum (if paid) of $1,200. This is all she can physically accomplish; and very often, of course, her employment falls far below this. She has often long periods of idleness, especially in summer, but these cannot be made lucrative in any way pecuniarily, but are spent on tenter-hooks, tied to the spot, awaiting "calls" in worry and anxiety, and at a loss of a possible $35 a week, not to be made up. The only time of rest and recreation on which she can certainly count is the time set apart for holidays in the dog days.

What are the relative expenses of these two classes?

Here, again, although similar, the pedagogue has the advantage. The nurse's laundry expenses are very heavy, averaging, possibly, $2.50 a week, sometimes considerably more. The teacher has time and opportunity for washing and ironing many, if not most, of her things—slips, flannels, fine materials, etc., and possibly 60 or 70 cents would defray her weekly bill. The nurse has to have duplicate sets of clothes, professional and social, an added primary cost of outfitting and also of current expense. Board and lodging are, practically, the same. Nobody boasts much of the advantages and attractions of the teaching profession. What, then, shall be said of the nursing in that regard? The less the better and the truer!

What is, then, the recompense of the laborers of this profession, and why do women take it up? The wizard, Walter Scott (not Michael), supplies the answer: "Oh, woman in our hours of ease, uncertain, coy and hard to please; when pain and anguish wring the brow, a ministering

angel thou!" It is a woman's natural vocation; it is her *metier* (Latin, ministerium) in the highest, and from the beginning. A man cannot do it, even exceptionally. Instinct, time, experience (short or long) attest it to the full. But in these days of dreamed of equality of the sexes, in which women have asserted themselves, there must be something more than the mere Godgiven direction of instinct to induce women to stay in it. They must have the same rewards as men, and, if people desire to retain their services, they (people) must provide the same attractions and pay for them on the same scale. Nulla via, antem, est alia! (Moreover, there is no other way). Again a word to the other wise is sufficient. Let the people take heed! There is more than one way of reading the (Scriptural) motto of the Provincial Board of Health of Ontario, "Ne pereat Populus Scientia absente"—Let not the people perish for lack of knowledge! Let us take a leaf from the Apocrypha, and let us substitute "Nurse" for "Physician," and we shall wisely read "Honor the nurse with the honor due unto her for the uses ye may have of her, for she is the handmaiden of the Lord."

Five dollars a day is her pecuniary recompense in Toronto; and people hold up their hands in horror at its magnitude! Let them calculate the cost of what she has to buy with it, and see how far it goes! Let them regard the arduous and exhausting character of her work—which all know from their own personal failure in attempting it, —and let them *realize* that it *cannot* be kept up continuously with success or satisfaction, and that the times of necessary, unremunerative and unrenumerated relaxation mount up to one-third, at least, of the days of the year, as bitter experience has demonstrated; and the uncertainty of the demand of employment, not infrequently, greatly augments it.

Such being the case, what is the ultimate outlook for the nurse? If she cannot save anything from her emoluments, how is "the rainy day" of sickness, accident or misfortune to be provided for, the inactivity and the unearning period of age to be sustained? The programme provides suggestions for insurance and old-age pensions. Give them studious attention and careful heed! "Listen and perpend." But do not fail to make it apparent that it is the duty of the public and of philanthropic private individuals, who now reap the benefit of the nurse's inadequate remuneration, to consider seriously their responsibility to play their part in making provision against that evil day.

Finally, what are the rewards which attend the most earnest, the most energetic, the most diligent, the most faithful performance and discharge of the duties of this laborious vocation? Frankly, the opinion of one who has practised medicine for more than eight and forty years, and so has witnessed the rise and progress of the trained nurse's calling, is "The sense of duty nobly done to the glory of God and the service of your fellow man—the complete fulfilment of 'the law,' and, combined with a humble walk through life, all that the Lord requires of man."

This is profitable here and hereafter, and is followed by the commendation, more particularly appropriate to the nurse than to any other, "Inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto me. Enter ye into the joy of your Lord."

Read at the C.N.A.T.N. Convention, Edmonton, 1922.

CARE OF RUBBER WATER BOTTLES

Experts in the manufacture and sale of rubber hot water bottles say that deterioration is much more often the result of improper care than in the defectiveness of the bag. Cheap hot water bags retailed as seconds frequently last for many years, while a high priced article may become dilapidated before a year has gone.

Probationers should among their earliest lessons be instructed in the care of hot water bottles. Deterioration may result from keeping the bag in too warm a place, in letting greasy substances stick to the rubber, in filling it with water which is too hot or in filling it too full. If there are defects in the rubber they will reveal themselves in a short time and reliable firms will replace the bottle.

The practice of placing a yearly guarantee on water bottles and rubber goods is manifestly unfair, according to dealers, and is being discontinued. The guarantee takes no account of the abuse to which the bottle may have been subjected. The fairest guarantee would be a broad agreement to replace the article if, upon return, it is found defective in either workmanship or material, whether the time is one, five or ten years.—*Modern Hospital.*

FORTITUDE

Be Strong!
We are not here to play, to dream, to drift;
We have hard work to do, and loads to lift.
Shun not the struggle, face it—'tis God's gift.
Be Strong!
Say not the days are evil—who's to blame?
And fold thy hands and acquiesce—Oh, shame!
Stand up, speak out, and bravely, in God's name!
Be Strong!
It matters not how deep intrenched the wrong,
How hard the battle goes, the day how long;
Faint not, fight on! To-morrow comes the song.

—*Canadian Nurse.*

Hospitals and Nurses

PRINCE EDWARD ISLAND

CHARLOTTETOWN.

The following are the special clauses relating to the eligibility, etc., of nurses who wish to register under the "Act Respecting the Profession of Nursing" in Prince Edward Island. Those allowed to append to their names the letters R.N. are "The Incorporators and every person who (a) resides and practices, or proposes to practice, the profession of nursing in the province; and (b) is a graduate of an approved training school; and (c) is of good moral character; and (d) is at least 21 years of age; and (e) has passed an examination before the examiners as provided by this Act.

(11.) Persons who are registered as trained nurses in any other province or country which has substantially the same requirements for registration as this province, and whose qualifications are approved by the Board of Examiners, shall be registered without examination on presenting registration certificate of province or country to Registrar; (b) Persons practising the profession of nursing in this province at the time of the passing of this Act, who have graduated from an approved Training School in any other province or country, must continue to so practice for one year after the passinng of this Act, and all such persons coming into the province after the passing of this Act must so practice for one year before application for registration will be granted.

(12.) The Board of Examiners shall waive the examination of any person possessing qualifications approved by the Board of Examiners who has graduated from an approved training school in this province before the passing of this Act, or who may graduate from an approved training school in this province within three years from the passing of this Act.

(13.) The expression "approved training school," for the purposes of this Act, shall mean a school for the training of nurses attached to or operated in connection with a hospital giving a general training in nursing extending for at least three years; such training school to be attached to or operated in connection with a hospital having at least 50 beds. The training schools in connection with each of the following hospitals shall be such "approved training schools," namely, the Charlottetown Hospital, the Prince Edward Island Hospital, and the Prince County Hospital.

(15.) The Board of Examiners, for the purpose of this Act, shall consist of one member of the Medical staff and the superintendent of the Training School from each of the following hospitals, namely, the Charlottetown Hospital, the Prince Edward Island Hospital, and the Prince County Hospital, such Board of Examiners to be appointed by the Board of Directors of said hospitals.

* * * *

ONTARIO.

OTTAWA

The Alumnae of the Ottawa General Hospital wish to extend their sincere sympathy to Mrs. J. and Miss B. Coupal in the death of their father, also to Miss Anna Stackpole in the death of her father.

Rev. Sister Flavie Domotille has been appointed Superintendent of O.G.H. Sister St. Constance has been appointed one of the Anæsthetizers of the same hospital.

Miss Laurette Battle has accepted a position on the staff of St. Mary's Hospital, Detroit, Mich.

Miss Morna Nagle is Night Supervisor of Sloane Hospital, New York City. Miss Alice Sheedy and E. McKinney have returned to Ottawa after two years' service at Lynhurst Hospital, Toronto, Ont.

Kingston.

The first autumn meeting of the K.G.H.A.A. was held at the Nurses' Residence, Sept. 12th. Plans were made for the winter s work and the usual routine business transacted. An excellent report was read by Miss Fairlie from the C.N.A.T.N. Convention held in Edmonton, which was sent in by Miss J. MacCallum, who had been the official delegate from the Association.

Hamilton General Hospital

Miss Vivian Fenby, who had been a patient at the Mountain Sanitarium for about three years, died early last spring.

Miss Florence Torrey has resigned from the Public Health Department.

Miss Flock has accepted a position in charge of the V. D. Clinic in the Public Health Department.

The Misses McNally, Hobden and Jean Soutar, who have completed the course at McGill University, have accepted positions—Miss McNally going to Medicine Hat, and Misses Soutar and Hobden to Mount Hamilton Hospital.

* * * * *

SASKATCHEWAN

The date of Tuesday, October 10th, has been set for the one-day fall meeting of the Saskatchewan Registered Nurses' Association. The meeting will be held in the lecture room of the Public Library, Moose Jaw. The meetings of the Saskatchewan Hospital Association are to be held on the two following days, so it is hoped that there will be a large attendance of nurses from all parts of the Province for both meetings.

Maple Creek

Miss E. E. Coxon (M.C.G.H.) has returned from Winnipeg to her home in Maple Creek, and has accepted a position on the staff of the Maple Creek General Hospital.

Miss Eva Brooke (R.G.H.) has spent the summer at Maple Creek after a two years' stay in California.

Miss Ruth Dixon (V.G.H.) has returned from Vancouver, and has spent the summer at her home in Maple Creek.

Regina.

Miss Isobel McKinnon (R.G.H., '19), who recently received the appointment as Superintendent of Nurses, Regina General Hospital, is expected in Regina to take over her new work early in October. Miss McKinnon's many friends are glad to see her returning to occupy such an important position in her Alma Mater, and wish her every success in her undertaking.

Misses Jean Norquay ('19), Jessie M. Jackson ('21), and Miss Weston, all graduates of the Regina General Hospital, have recently received appointments to the staff of the Hugh Waddell Memorial Hospital, Canora.

Miss Elizabeth Fleming (R.G.H., '17), has recently been appointed Matron of the Lampman Union Hospital.

ANNUAL CONVENTION

The journal correspondent regrets that an earlier report of the Fifth Annual Convention of the S.R.N.A., which was held in Prince Albert, June 15th and 16th, has not been possible, and forwards a brief report, which may still be of interest to the members who were unable to be present.

It will be unnecessary to give details of the programme, as copies were sent in advance to all members. Special mention must, however, be made of the good fortune of the Association that Miss E. MacPherson Dickson, Past President of the C.N.A.T.N. was able to attend our meeting on her way to Edmonton, and her most interesting presentation of "The Private Duty Nurse and Some of Her Problems" was much appreciated. Most valuable addresses were delivered by Dr. H. E. Munro, O.B.E., F.A.C.S., of Saskatoon, on "Radium in the Treatment of Disease," and by Dr. D. P. Miller, of Prince

Albert, on "Errors in Diet, in the Light of Recent Research Work". The members present were privileged to have the most recent scientific information on these two subjects presented in a most scholarly form.

Lantern slides, illustrating the History of Nursing, loaned for the occasion by Dr. Maude E. Abbott, of McGill University, and shown by Miss Ruby Simpson, were much appreciated. The well arranged material, as well as the very interesting slides, were thoroughly enjoyed by a group of student nurses from the Hospitals and Collegiate students, as well as by the members of the Association.

Splendid papers were presented by Miss Kilden and Miss Durie, who have been engaged in District and Out-Post work under the Red Cross, and by Miss Davidson, V.O.N. District Nurse of Saskatoon. These reports very clearly indicated the part being filled by the nurse in the general movement for the provision of more adequate medical and nursing service for the people of all parts of the Province.

A one-day fall meeting was decided upon to receive the reports of the two Delegates to the C.N.A.T.N. Convention, this to be held in Moose Jaw at the time of the Hospital Association meetings, and the invitation of the Saskatoon Nurses to hold the Annual Convention there next year was gratefully accepted.

The officers, and convenors of committees were elected as follows:—President, Miss Ruby M. Simpson, Regina; First Vice-President, Miss M. Montgomery, Fort Qu'Appelle; Second Vice-President, Sister Veronica, Sister Superior Holy Family Hospital, Prince Albert; Councillors, Miss E. Renton, Lady Superintendent Moose Jaw General Hospital, and Miss R. Hicks, Lady Superintendent, General Hospital, Weyburn. Convenor of Nursing Education Committee, Miss E. M. Turner, Saskatoon; Public Health Committee, Miss C. M. Kier, Moose Jaw; Private Duty Committee, Miss H. Cameron, Saskatoon; National Memorial Committee, Miss Jean Urquhart, Regina; Representative on the Social Service Council, Miss Nora Armstrong, Regina.

Too much could not be said by the nurses in attendance of the cordial welcome extended by the Prince Albert nurses, and by the citizens of Prince Albert. Most delightful entertainments were provided by the Ladies Aids of the two hospitals,—the Holy Family Hospital and the Victoria Hospital, while the Eclectic Club and the Board of Trade also contributed very largely to the entertainment of the visiting nurses. To those who had not before visited Prince Albert, it was a revelation that this beautiful wooded district should exist in our Prairie Province. The Convention was voted a great success, the only regret being that more members had not been able to participate in the business as well as in the social events of the meeting.

Saskatoon.

The Saskatoon G. N. A. held the first autumn meeting at the Nurses' Home, City Hospital, with the President, Mrs. Alden Johns, in the Chair. Discussion of the plans for the registered nurses of Saskatoon was introduced by Misses E. M. Turner, R.N., and Helen Cameron, R.N., in their respective reports of the C.N.A.T.N. and provincial annual meetings to which they were delegates. The student nurses from the City Hospital were the guests of the association at this meeting. It was decided to send a delegate to the autumn meeting of the S.R.N.A. to be held in Moose Jaw on October 10th and following days.

Miss Macy, R.N., after attending the summer course at Columbia University, is expected to resume her duties as Instructress at the City Hospital.

* * * *

BRITISH COLUMBIA.

A very successful Convention was held at New Westminster by the B.C. Hospital Association, August 29th, 30th and 31st. Delegates from many of the hospitals were present, and among those were several nurses who helped to make the nursing section particularly interesting.

Miss J. Johnston. graduate of Victoria Hospital, London, Ont., who took the course last year at the University of British Columbia, has been appointed Assistant in the Social Service Department, Vancouver General Hospital.

The autumn general meeting of the G.N.A. of B.C. was held September 16th in Vancouver. The Public Health Nursing Committee held a special meeting in the afternoon, when an excellent time was spent.

The evening's meeting was well attended, and reports from the delegates to the C.N.A.T.N. Convention were listened to with great interest.

Miss Ethel I. Johns, R.N., gave a report of the formation and first meeting of the Nursing Education Committee, of which she is the convenor.

A most interesting report was given by Miss Mary Campbell, R.N., on her impressions of the course in Public Health at the University of Toronto, she being the winner of the Scholarship of $1000, given by the Graduate Nurses' Association of British Columbia.

Miss Johns gave a splendid resume of the report of the Rockefeller Commission on Nursing Education.

The members of the Association were the guests of the local V.G.N.A. at the conclusion of the meeting, when refreshments were served.

The autumn examinations will be held November 1st, 2nd and 3rd, when nurses will write for their R.N. certificates.

The additions to King s Daughters' Hospital, Duncan, which includes the residence for the nurses, will be opened October 11th.

Miss Fraser, graduate of the Royal Alexandra Hospital, Edmonton, and who has taken a course at Columbia University, New York, has been appointed Instructress at the Vancouver General Hospital.

Miss Teulon, Victoria Hospital, Winnipeg, has been appointed Night Supervisor at the Royal Columbian Hospital, New Westminster.

Miss Cosae Haskins, President of the V.G.N.A., leaves for Seattle to take a course in Public Health nursing at the University of Washington.

Miss Florence J. Potts of Ottawa, and formerly of Toronto, has been appointed by the trustees of the Mystic Shriners' great hospital scheme as supervisor of nurses. The hospitals will treat only cases of crippled children, and will be situated in all parts of the North American continent. The duties of Miss Potts will consist of travelling from hospital to hospital to supervise the work of the nurses. Seven of the hospitals have already been instituted, one of them being in Montreal. Miss Potts was for many years superintendent of the training school for nurses at the Hospital for Sick Children in Toronto, and is well known throughout the West. She has visited Vancouver several times, and has attended nursing and medical conventions in this city. Many of the nurses who trained under her in Toronto are now married and resident in British Columbia and will be interested to hear of her appointment to what is considered one of the most responsible positions of its kind in North America.—"Vancouver Daily Province."

The September meeting was held September 6th at the Corner Club; Miss Haskins, President, in the chair. Mrs. M. E. Johnson, delegate from the V.G.N.A. to the C.N.A.T.N. Convention in Edmonton, gave a splendid report, which was listened to with great interest. Brief reports were given by several of the Vancouver nurses who attended the A.N.A. meetings in Seattle. The Association endorsed the request from the U.B.C. student body re the completion of the University. The usual "cup o' tea" was served by the social committee at the close of the meeting.

Victoria

The Victoria G.N.A. resumed their monthly meetings in September at the Victoria Club. The members stood for a moment in silence, to pay tribute to the memory of the late Miss E. H. Jones, who was a valued member of the association for many years, and who passed away August 8th, 1922. After the routine of business, plans were discussed as to means of raising money for the Nursing Sisters' Memorial. It was decided to give a ball within the next two months for that purpose. The meeting then adjourned.

(Victoria—continued.)

The pupil nurses of the Royal Jubilee Hospital have shown great energy and interest in raising the sum of $137.00 for the Nurses' Memorial Fund. This sum was raised entirely by their efforts and in twenty-one days. The President of the Self Governing Body of the Training School gives this report: "We served tea, ran a beauty parlor, polished shoes, darned stockings, ironed clothes, sold gollywogs, raffled a baby packet, and ended with a family dance. Great credit is due these nurses, who will have the satisfaction of feeling that their own efforts have helped raise this memorial in Ottawa.

BIRTHS

Belanger—On Aug. 2nd, 1922, in Ottawa, Ont., to Dr. and Mrs. Belanger (Ida Duford, Ottawa General Hospital), a daughter.

Graham—At Bowesville, to Mr. and Mrs. E. Graham (Ada Redmond, Ottawa General Hospital), a son.

Griffith—At Toronto, Ont., on June 22nd, 1922, to Mr. and Mrs. Eric Griffiths (Jean Campbell, Toronto General Hospital, 1920), a daughter.

Johnston—At Outlook, Sask., on Aug. 29th, 1922, to Mr. and Mrs. Johnston (Verna Shales, St. Paul's Hospital, Saskatoon, 1920), a daughter.

Macintosh—At Saskatoon, Sask., on July 26th, 1922, to Mr. and Mrs. W. C. Macintosh (Nursing Sister Hilda Macdonald, Royal Victoria Hospital, 1915), a son (John Fullerton).

Mick—To Mr. and Mrs. Abner C. Mick (Billian Wright, Kingston General Hospital, 1916), of Detroit, Mich., a daughter.

Murray—At Saskatoon City Hospital on Sept. 10th, 1922, to Mr. and Mrs. T. J. Murray (Minnie Miscampbell, City Hospital, 1918), a daughter.

Smith—At Oakville, Ont., to Mr. and Mrs. Roy F. Smith (Meta Klein, Kingston General Hospital, 1916), a daughter.

MARRIAGES

Bingleman-Trott—In the Centenary Church, Hamilton, Ont., on August 26th, 1922, Rosamond Trott (Hamilton General Hospital) to Grant Bingleman.

Collings-Chapman—In Kingston, Ont., on Sept. 2nd, 1922, Ellen Maude Chapman (Kingston General Hospital, 1920), to Mr. Royden H. Collings, Charlottetown, P.E.I.

Crook-Christiani—At St. Laurence's Church, Maple Creek, on July 31st, 1922, Mary T. Christiani (M. C. G. H.) to Mr. Herbert S. Crook, of Windthorst, Sask.

Hilliker-Keyes—At Galt, Ont. at the residence of her parents, on Aug. 9th, 1922, Kathleen Marie (T. G. H., 1921), daughter of Mr. and Mrs. J. E. Keyes, to Dr. Arthur E. Hilliker, of Toronto, Ont.

Honeyman-Rose—At St. James Church, Vancouver, B.C., by Rev. Wilberforce Cooper, September 14th, 1922, Helen Elizabeth, youngest daughter of Mrs. William M. Rose (Vancouver General Hospital) to Mr. Pharic Donald Innis Honeyman. Mr. and Mrs. Honeyman will reside in Globe, Arizona.

Johnston-Bullerwell—At Saskatoon, Sask., on Sept. 6th, 1922, Mattie Lulu Bullerwell (Malden City Hospital, Malden, Mass., 1912), to Mr. Roy Hartford Johnston, of Jansen, Sask.

Mack-Hiscock—In Kingston, Ont., on Aug. 30th, 1922, Florence Lucelle Hiscock (Kingston General Hospital, 1911), to Mr. Thomas Reginald Mack, Detroit, Mich.

McCallum-Howell—At Saskatoon, Sask., on Aug. 13th, 1922, Winnie Howell (Saskatoon City Hospital, 1919), to Mr. Hugh Fraser McCallum.

Merriman-Henson—At the Church of the Ascension, Hamilton, Ont., on Saturday, July 15th, 1922, Bertha Ann Merriman (R.V.H., 1909), to Harold Gordon Henson.

Paddon-Laird—At St. Andrew's Church, Vancouver, B.C., by Rev. Dr. J. S. Henderson, A. Bessie, only daughter of Capt. and Mrs. Laird (Vancouver General Hospital), to William H. Paddon. They will reside at 4686 Fifth Avenue, W. Point Grey.

Waddell-Chalmers—At Grand Coulee, Sask., on August 15th, 1922, at the home of her brother, Mr. F. A. Chalmers, Annie Ethel Chalmers, (R. G. H., '20), to Dr. J. T. Waddell. At home, Suite 7, Duncan Apartments, Regina, after October 1st.

DEATHS

Jones—At her residence, 731 Vancouver St., Victoria, B.C., after an illness of eight months, on August 8th, 1922, Elizabeth Harriet Jones. She was the daughter of the late Mr. and Mrs. Henry Jones of Manchester, England. She Graduated at St. Mary's Hospital, Manchester, winning the silver medal for proficiency. From the earliest days her nursing showed the sterling characteristics and high devotion to duty which are associated with her memory by all who knew her. She has been a resident of Victoria for 29 years and was a charter member of the G.N.A. of Victoria, and conducted a private hospital for some years. During the War she held the few members of the association together when overseas service scattered the members which won the admiration of all who appreciate the value of the organization to the nursing profession.

Lister—Suddenly, by drowning accident at Revelstoke, B.C., Sept. 2nd, 1922, Anna Duncan Lister, R.N., graduate of Vernon Jubilee Hospital, Vernon, B.C. Superintendent of Nurses at the Queen Victoria Hospital, Revelstoke, B.C.; daughter of Rev. David Lister, of Naniamo, B.C.

Phair—In Brantford, Ont., on August 18th, 1922, Charlotte (Lottie) Phair, (Toronto General Hospital, 1891).

Sheppard—In Brampton, Ont., on August 21st, 1922, Margaret Hazel (T. G. H., 1914), eldest daughter of the late Thomas G. and Mrs. E. M. Sheppard.

The more wealth a nation disposes of, the more is education needed to prevent that wealth from being unused or misused. The more political liberty it enjoys the more is education needed to preserve that liberty and to apply it to good purpose.

—Principal L. P. Jacks.

Nerve Support

OVERWORK, worry and concentrated mental effort cause excessive wear and wastage of the nerve cells, which frequently result in Nervous Breakdown. To guard against this, extra food must be supplied to rebuild the worn-out cells.

Nothing is quite so good as "Ovaltine" for this purpose, as it contains just the food elements necessary — in a light, concentrated and easily digestible form — to restore the nerves and meet the extra demand on the system. "Ovaltine" is a concentrated extraction of Malt, Milk and Eggs, Cocoa flavoured, and makes a delightful beverage, which is taken between and with meals, instead of the usual tea or coffee. There is no fuss or bother in making. The crisp, golden granules of "Ovaltine" are simply stirred into hot milk or milk and water (a little condensed milk may be used if fresh milk is not available). With a few biscuits, a cup of "Ovaltine" forms a satisfying meal. "Ovaltine" gives strength, vitality and endurance, is a splendid "pick-me-up," and as a restorative in fatigue there is nothing to equal it.

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WANTS

EXECUTIVE SECRETARY

Applications for the position of Executive Secretary of the Canadian National Association of Trained Nurses—with headquarters in Winnipeg—will be received by Miss Jean Browne, President of the C.N.A.T.N. 410 Sherbourne St., Toronto.

Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.

WANTED

An Operating Room Supervisor. State education before graduating, school graduated from, experience since graduating, age, and salary expected.

Apply to Elizabeth Flaws, Wellesley Hospital, Toronto.

Bellevue Hospital, New York City offers to registered nurses seventy-two dollars per month and maintenance during June, July, August and September for vacation relief.

Positions in Psychopathic Department $80. per month and maintenance.

Address General Superintendent of Training Schools.

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We spin a thread of it every day
Till at last we cannot break it.

It is an Art to give, even to our nearest friends, but what a test of manners it is to receive.

—*R. L. Stevenson.*

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Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

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Regular Monthly Meeting—Third Wednesday, 8 p.m.

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Regular Meeting, First Tuesday, 8 p.m.

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Representative to Local Council of Women—Miss Hewitt.

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Regular Meeting—Third Thursday, 4 p.m.

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Regular Meetings, First Friday of each month at 8 p.m.

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Regular Meeting—First Tuesday, 4 p.m.

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Regular meeting on the first Tuesday of each month at 3.30 p.m. in the Nurses' Residence.

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Canadian Nurse Representative—Miss Maysie Marriott.

Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey.

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

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Regular Meeting—First Monday, 3 p.m.

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Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Regular monthly meeting—First Tuesday, at 8 p. m.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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Regular Meetings—Second Friday of each alternate month.

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Regular Meeting—Second Monday of each month.

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Regular Meeting—First Friday, 7.30 p.m.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

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Executive Committee—Miss Ennis and Miss Mallock.

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Regular Meeting—First Monday of every month.

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Regular monthly meeting, second Wednesday, at 8 p.m., in the Hospital Auditorium.

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